

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Lincoln, Faye

LOBBYIST FIRM/EMPLOYER (if applicable)

Avalon Health Care, Inc.

TELEPHONE

(801) 596-8844 or (801) 518-6565 (cell)

MAILING ADDRESS (No. and Street or P.O. Box)

206 North 2100 West

FAX (801) 596-9001

EMAIL faye.lincoln@avalonhealthcare.com

(City) Salt Lake City

(State) Utah

(Zip Code) 84116

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Avalon Health Care, Inc.

TELEPHONE

(801) 596-8844

MAILING ADDRESS (No. and Street or P.O. Box)

206 North 2100 West

FAX (801) 596-9001

EMAIL faye.lincoln@avalonhealthcare.com

(City) Salt Lake City

(State) Utah

(Zip Code) 84116

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

1800

☐ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

Internal discussions with corporate and Hawaii based leadership

☐ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY☐ Business & Economic Development☐ Community Services☐ Customer Services☐ Culture & Arts☐ Housing☐ Public Works, Infrastructure & Sustainability☐ Parks & Recreation☐ Public Health, Safety & Welfare☐ Tourism☐ Transportation☒ Zoning & Planning☐ Specific Legislation:☐ Additional Sheet(s) Attached

Bill No. _____ (Year) _____

Reso No. _____

Admin. Rule No. _____

Dept. _____

☐ Other (indicate below):**PART IV LOBBYIST CERTIFICATION***I hereby certify that the foregoing statements are true and correct.*Jaye Lincoln
LOBBYIST SIGNATURE

DATE

3-19-2019

Subscribed and sworn to before me

This 19 day of MARCH, 2019.

By:

Rebekah M. Wolf
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

AUGUST 6, 2022**PART V AUTHORIZATION TO LOBBY**

NAME

Anne Stuart

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Chief Financial Officer, Executive VP

NAME OF ORGANIZATION (if applicable)

Avalon Health Care, Inc.

TELEPHONE

(801) 596-8844

MAILING ADDRESS (No. and Street or P.O. Box)

206 North 2100 West

FAX

(801) 596-9001

EMAIL

anne.stuart@avalonhealthcare.com

(City)

Salt Lake City

(State)

Utah

(Zip Code)

84116

*I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.*Anne Stuart
(Signature of Authorizing Officer or Person Represented)

03/19/2019

(Date)

